

Monroe County Early Intervention Program

Request for IFSP Change - Part A

Child Name _____ DOB _____ Date _____
OSC _____ Agency _____ EIOD _____
Requesting Provider _____ Disc _____ Agency name/Ind. _____

Requested Change: (include duration)

Reason for Change (answer all questions)

1. How long have you been providing services to the child/family, and at what frequency?

2. What other services, at what frequency, and the location (home, facility-based, childcare?) is the child/family receiving services?

3. What are the child's areas and levels of need? Is this based on informed clinical opinion or testing? Are there global delays or a diagnosis?

4. What skills has the child gained since services started?

5. Which IFSP Outcome(s) (*identified by the family*) will this request for change address?

6. Please give an example of how you have worked with the parent/caregiver to generalize strategies to daily routines.

a.) Which strategies have been successful?

b.) Which strategies have not been successful and why? _____

7. How successful has the family been in implementing these strategies? For example, attendance, parent/caregiver level of participation in the visit, etc.

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8. What problem solving has occurred with other IFSP team members?

9. What steps have you taken with your supervisor, mentor, or colleague to problem-solve and/or discuss this proposed change?

10. How do you think the recommended change will affect the child's development and progress toward the goal?

11. What other factors are impacting the child's progress?

12. Additional Comments/Information:

Provider, attach additional supporting documentation such as:

- ☐ Program Review
- ☐ Quarterly Report
- ☐ Progress notes
- ☐ Supplement Eval
- ☐ CORE Eval
- ☐ Request for IFSP Change -Part B (if requesting a group)

Signature of person completing Part A

Phone Number

Date

Service Coordinator to complete:

☐ Agree ☐ Disagree Please explain.

Signature of Service Coordinator

Date

EIOD to Complete:

☐ Approved ☐ Not Approved Rationale:

EIOD Signature

Date

Date OSC is informed of EIOD decision: _____

Date OSC notified the provider: _____